

**ENTER-ON-DUTY CHECKLIST**

**CAREER, CAREER-CONDITIONAL, TERM,  
EXCEPTED APPOINTMENT WITH NO NTE  
DATE, REINSTATEMENT APPOINTMENTS**

EMPLOYEE NAME: \_\_\_\_\_

REVIEWER OF FORMS: \_\_\_\_\_

Please indicate date each form is received; use N/A for any forms not provided to employee.

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FORM	INSTRUCTION	DATE RECEIVED
<b>Statement for Selective Service Registration</b>	For all male employees born after 12/31/59	_____
<b>SF-61</b> Appointment Affidavit		_____
<b>OF306</b> Declaration of Federal Employment		_____
<b>SF-144</b> Statement of Prior Federal Civilian & Military Service	Request DD-214, if applicable.	_____
<b>SF-181</b> Race & National Origin ID	To be used by all employees EXCEPT those in Hawaii	_____
<b>OPM form 1468</b> Race & National Origin ID	For employees in Hawaii only	_____
<b>SF-256</b> Self ID of Medical Disability		_____
<b>I-9</b> Employment Eligibility Verification		_____
<b>CD-314</b> Statement Relating to Employee Responsibilities and Conduct		_____
<b>Uniform Service Component</b>		_____
<b>EDUCATIONAL DATA UPDATE FORM</b>		_____
<b>W-4</b> Federal Income Tax Withholding		_____
<b>State Tax Withholding</b>	If state tax form is not available, complete W-4 and mark it as "STATE"	_____
<b>State waiver/Certificate of non-residence</b>	For employees working in one state and residing in another (i.e. wage marine in CA or HI with residence in WA)	_____

**CD-525**

Employee Address \_\_\_\_\_

**FMS-2231**

Direct Deposit/Allotment Form

For disposition of entire check and allotments \_\_\_\_\_

**SF-85**Data for Non-sensitive or  
Non-critical Positions \_\_\_\_\_**Fingerprints**Required prints will be scheduled on your  
First day of work \_\_\_\_\_**Fair Credit Reporting Act of 1970** \_\_\_\_\_**SF-2809**

Health Benefits Registration

Must be completed within 60 days of appointment  
if you elect this benefit \_\_\_\_\_**SF-2817**

Life Insurance Election Form

Must be completed within 31 days of appointment  
if you elect this benefit \_\_\_\_\_**TSP-1**Must be completed with 60 days of appointment  
if you elect this benefit \_\_\_\_\_**SF-1152**Designation of Beneficiary,  
Unpaid CompensationNot required if you want compensation  
paid in order of the following precedence:  
Spouse, Children, Parents, Estate, Residence  
State laws \_\_\_\_\_**SF-2823**Designation of Beneficiary,  
Federal Employees Group  
Life InsuranceNot required if you want FEGLI to be paid in  
order of the following precedence:  
Spouse, Children, Parents, Estate, Residence  
State laws \_\_\_\_\_**SF-3102**Designation of Beneficiary,  
Federal Employees RetirementNot required if you want Retirement fund  
to be paid in order of the following precedence:  
Spouse, Children, Parents, Estate, Residence  
State laws \_\_\_\_\_**TSP-3**Designation of Beneficiary,  
Thrift Savings PlanNot required if you want TSP to be paid  
in order of the following precedence:  
Spouse, Children, Parents, Estate, Residence  
State laws \_\_\_\_\_IF FORM IS COMPLETED, YOU MUST MAIL IT TO THE TSP  
OFFICE ADDRESS LISTED ON THE BACK OF PAGE 1**BENEFITS FORMS AND INFORMATION CAN BE OBTAINED UNDER THE BENEFITS HEADER.****INFORMATION YOU SHOULD KNOW ABOUT BUT NO FORMS NEED TO BE COMPLETED:**Under Benefits-Other Important Links header:Employee Personal Page  
Employee Verification via TALXUnder Conduct and Performance header:

All topics